

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/31/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157632		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 10/28/2014	
NAME OF PROVIDER OR SUPPLIER RELIANT AT HOME LTD				STREET ADDRESS, CITY, STATE, ZIP CODE 341 LOGAN ST STE L110 NOBLESVILLE, IN 46060			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{G 000}	<p>INITIAL COMMENTS</p> <p>This was a revisit survey for the extended Federal recertification survey completed on 09/03/2014.</p> <p>Survey date: 10/28/2014</p> <p>Facility: 012546</p> <p>Medicaid Vendor: 201027880</p> <p>Surveyor: Shannon Pietraszewski, RN, PHNS</p> <p>Census: 96</p> <p>During this survey, three (3) conditions and twenty four (24) standard level deficiencies were found corrected.</p> <p>Reliant at Home is precluded from providing a home health aide training and competency program for a period of 2 years beginning 9/3/14 for being found out of compliance with the Conditions of Participation 42 CFR 484.30 Nursing Services, 484.36 Home Health Aide Services, and 484.48: Clinical Records.</p> <p>Reliant at Home is in compliance with the Conditions of Participation 42 CFR 484.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN October 31, 2014</p>			{G 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.